VIKING SOCCER CAMP

Sponsored by the Van Meter Soccer Club

WHEN: June 6-9, 9:00-11:00 a.m.

WHERE: Fields behind Casey's in Van Meter

Cost: \$40.00 (all ages)

All Van Meter Soccer Club teams and coaches

are welcome to participate.

CONTACT: Blair Reid — 515-263-2964 (office), 515-554-2902 (cell), breid@grandview.edu OR Nicholas Wigant — 515-240-1385, nicholas.wigant@gmail.com

CAMP GOALS: The camp teaches and improves a player's technical and tactical abilities using individual and small-group training.

ADDITIONAL INFORMATION

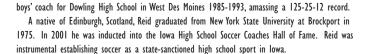
- All sessions will be directed by Blair Reid
 and Al Driscoll, men's soccer coaches, at
 Grand View. Additional coaching staff includes Grand View soccer players.
- Each player receives a camp shirt.
- Each player should bring a soccer ball and container of water to camp each day.



CAMP DIRECTOR

Blair Reid, entering his 32nd season as men's head soccer coach at Grand View University, has a record of 388-213-33. At Grand View he has coached the Vikings to 16 Midwest Collegiate Conference Championships, 14 MCC Tournament Championships, seven NAIA District 15 Championships, one NAIA Region VII Championship and 10 National Tournament appearances. He has been named NAIA Region Coach of the Year five times, MCC Coach of the Year nine times, and District Coach of the Year seven times. He has coached 41 All-Americans and 27 Academic All-American Scholars during his tenure.







CAMP REGISTRATION - VAN METER CAMPS (Online registration available at www.vikingsoccercamps.com)

Send completed registration form(s) and fees (checks payable to Grand View University) to: Blair C. Reid, Grand View University, 1200 Grandview Avenue, Des Moines, IA 50316-1599

Participant		
Age	Date of birth	
Parent/Guardian		
Address		
City	State Zip	
Daytime phone		
Evening phone	Cell phone	
E-mail		
T-Shirt size circle one YS YM	YL Adult sizes: S M L XL	
Emergency contact		
Name		
Contact's phone number		
Medical information we should know		

Waiver and Release

Policy Number

I am aware of the dangers involved in participation in the physical activities of the Grand View Soccer Camp and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that the Grand View Sport Camps involve competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body. Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Grand View Soccer Camp, Grand View University, their officers, agents, employees, and volunteers - including without limitation, equipment personnel, and physicians and other practitioners of the healing arts from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a

Camper Signature	Date
Parent/Guardian Signature	Date
HEALTH STATEMENT/MEDICAL AUTHORIZATION I do hereby state that the camper is in good health and suffers from no illness, disability unduly hinder or prevent camper's safe participation in the Grand View Soccer Camp. Further any reason that the camper cannot participate in vigorous activity. I hereby authorize a guardian to Grand View University or any licensed physician or athletic trainer to perform	, irthermore, I have no knowledge of and give my consent as camper's legal
any reasonable, necessary medical treatment to:	
Parent or Legal Guardian Signature	Date